



FROM ashley river family physicians

Shelia Beverly Scurry dba Sunshine Limousine Service

RECEIVED 05/13/2009 09:38
(WED) MAY 13 2009 9:26/ST. 9:25/No. 7500000815 P 1

DOCKET

NUMBER: 2003 - 149 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Shelia Scurry

Address: 110 Timberline Trail

N. Charleston, S.C.

29418

Telephone:

Fax:

Other:

Email:

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ORS

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency Date:

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded

☒ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

COPY

Posted:

Dept:

Date:

Time:

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PSC SC
DOCKETING DEPT.

Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

1401 MAIN STREET, SUITE 700
Columbia, S.C. 29201
(803) 737-0579
FAX (803) 737-0815

DATE

5-1-09

2003-149-T

Please consider this a request to cancel my:

☐

Class C Taxi Certificate

☐

Class A Restricted Certificate

☒

Class C Charter Certificate

☐

Class C Charter Bus Certificate

☐

Non-Emergency Certificate

☐

Class E Household Goods Certificate

☐

Class E Hazardous Wastes Certificate

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ORS
T.T.W.W.W

My Certificate Number is 7354

Shelia Beverly Schmy
(Name of Company)

DBA

Sunshine Limestone Service
(If applicable)

* 110 Timberline Trail
(Street Address)

* P.O. Box 41166
(Mailing Address if different from Street Address)

* N. Charleston, SC 29418
(City, State, Zip Code)

* Charleston, SC 29423-1166
(City, State, Zip Code)

* (843) 509-8758
(Telephone Number)

* Shelia Beverly Schmy
(Signature)

* Co-Owner
(Title)

ORS Revised 9-22-08

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